



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

STEVE ARWOOD
DIRECTOR

ELEVATOR SAFETY BOARD
Conference Room 3, First Floor
2501 Woodlake Circle
Okemos, MI 48864

AGENDA
March 22, 2013
9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – January 18, 2013 (Pages 3-8)
4. Review of Elevator Journeyman Examination Applications:
 - a. Charles Brent Bennett, Class C, Re-Exam (Pages 9-12)
5. Review of Elevator Contractor Examination Applications:
 - a. Michael DiMambro, Class A, (Pages 13-17)
 - b. Brian Matson, Class A, (Pages 18-21)
6. Review of Elevator Certificate of Competency Examination Applications:
 - a. Daniel K. Butcher, General Inspector (Pages 22-25)
 - b. Dennis Butcher, General Inspector (Pages 26-29)
 - c. Daniel Jeurink, General Inspector (Pages 30-32)
 - d. Dennis Keeley, General Inspector (Pages 33-38)
7. Waiver Requests
 - a. Otis Elevator Company, Knapp's Centre, 300 S. Washington Ave., Lansing, Michigan (Pages 39-41)

Providing for Michigan's Safety in the Built Environment

LARA is an equal opportunity employer
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

8. Unfinished Business

- a. Otis Elevator Company, GM Powertrain, 895 Joslyn Rd., Pontiac, Michigan

9. Legislative Update

10. Division Report

- a. Chief's Report - Cal Rogler
- b. Accident Report

11. New Business

- a. Experience Forms – Keith Lambert

12. Public Comment

13. Next Meeting Date – June 7, 2013

14. Adjournment



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ELEVATOR SAFETY BOARD

Conference Room 3, First Floor
2501 Woodlake Circle
Okemos, Michigan 48864

MINUTES

January 18, 2013
9:30 a.m.

MEMBERS PRESENT

Mr. David Flint, Chair
Mr. David Kuras, Vice Chair
Mr. William Kogelschatz
Mr. Antwane Maddox
Mr. Donald J. Purdie, Jr.
Mr. Mark Smith
Mr. George Svinicki

MEMBERS ABSENT

Ms. Erin Modiano
Mr. David Taylor
Mr. Eric Thomas

DEPARTMENT PERSONNEL ATTENDING

Mr. Calvin Rogler - Chief, Elevator Safety Division
Ms. Lynn Weston - Office Supervisor, Elevator Safety Division
Mr. Ralph Arceo - General Inspector Elevator Safety Division
Mr. Keith Lambert - Deputy Director, BCC
Mr. Robert Babinski - General Inspector Elevator Safety Division

OTHERS IN ATTENDANCE

Mr. Paul Pawlowski - Schindler Elevator Corporation
Mr. Paul Lytikainen - Schindler Elevator Corporation
Mr. Bob Grutter - Spectrum Health
Mr. Joe Steger - Otis Elevator Co.
Mr. Mark McMillan - Otis Elevator Co.
Mr. Jay Nault - Otis Elevator Co.
Mr. Bryan Kallen - JK Construction Co.

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1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Flint called the meeting to order at approximately 9:30 a.m. A quorum was determined present at that time.

2. APPROVAL OF AGENDA

A **MOTION** was made by Board member David Kuras and seconded by Board member Antwane Maddox to approve the agenda. **MOTION CARRIED.**

3. APPROVAL OF MINUTES

A **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve the minutes of the November 2, 2012 meeting. **MOTION CARRIED**

Board member Antwane Maddox moved to the back of the room.

4. REVIEW OF ELEVATOR JOURNEYPEPERSON APPLICATIONS

- a. Charles Brent Bennett, Class C

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Charles Brent Bennett to take the Class C Journeyperson examination. **MOTION CARRIED.**

5. REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS

- a. Jeffery L. Jameson, Class A, Re-Exam

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member William Kogelschatz to approve Jeffery L. Jameson to take the Class A Contractor examination. **MOTION CARRIED.**

- b. Sean Patrick Mullett, Class A, Re-Exam - (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member Donald J. Purdie, Jr. to approve Sean Patrick Mullett to take the Class A Contractor examination. **MOTION CARRIED**

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c. Raymond Yetter, Class A, Re-Exam – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to approve Raymond Yetter to take the Class A Contractor examination. **MOTION CARRIED**

6. REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS

Danny Neville II, General Inspector - (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to approve Danny Neville II to take the Certificate of Competency examination. **MOTION CARRIED**

b. Douglas E. Priehs, General Inspector - (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Douglas E. Priehs to take the Certificate of Competency examination. **MOTION CARRIED**

c. Clint Shepley, General Inspector – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member George Svinicki to approve Clint Shepley to take the Certificate of Competency examination. **MOTION CARRIED**

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member David Kuras to grant the appropriate license/certification to examinees if they successfully pass their respective exams and pay the appropriate licensing fees. **MOTION CARRIED**

The following applicants were not reviewed by the board:

- a. Marcus Brothers, Class A Journeyperson
- b. Joseph M. Gwinn, Class A Journeyperson
- c. Antwane Maddox, Class A Journeyperson
- d. James Snook, Class A Journeyperson - (Passed)

7. WAIVER REQUESTS

a. Schindler Elevator Corporation, Spectrum Health, Butterworth Hospital, 101 Michigan Ave., Grand Rapids, Michigan.

Variance Request: A request has been made by Schindler Elevator Corporation for a variance to allow for a variance from the American Society of Mechanical Engineers A17.1 – 2007, Section 2.15.9.2, (Guard Plate requirements).

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member David Kuras to approve the variance request of section 2.15.9.2 and allow a 36 inch toe guard with appropriate proper signage in the machine room or control space adjacent to the controller. Signage shall state “When unintended car movement is detected the emergency brake must stop and hold the car in less than 36 inches”.

All of the above is contingent on an acceptable inspection by the Elevator Safety Division onsite review. **MOTION CARRIED.**

b. Kone Inc., 11864 Belden Court, Livonia, Michigan

Variance Request: A request had been made by Kone Inc. for a variance from American Society of Mechanical Engineers A17.1-2007. Section 2.1.2.2, Construction at Bottom of Hoistway.

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member George Svinicki to postpone this request until a representative from Kone Inc. is present along with the owner or a representative for the owner, to expand on the variance request. If the variance request is to be withdrawn, a letter from Kone Inc. will be required to indicate this. **MOTION CARRIED.**

8. UNFINISHED BUSINESS

a. Otis Elevator Co., GM Powertrain, 895 Joslyn Rd., Pontiac, Michigan

A **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to postpone this variance request until the next board meeting. Documentation shall be provided by GM PowerTrain to indicate that they are aware that Otis Elevator Co. is acting as a representative for them with the request for a variance from American Society of Mechanical Engineers A17.1-2007, Section 8.7.2.27.5(h) and they accept the risk of not providing this required safety device. **MOTION CARRIED**

9. LEGISLATIVE UPDATE

Deputy Director Keith Lambert communicated the following:

- a. Public Act 504 of 2012 has been passed. This affects the residential code update cycles.
- b. The Bureau is undergoing an automation project, a vendor has been selected, this will impact permitting, inspection and licensing processes. The Elevator Division will be included in the second phase of this project.
- c. Progress has been made on the rules status for the division. Some details are still being worked out.
- d. Experience forms in terms of sitting for examinations are being drafted. Chairperson David Flint offered a committee to assist with this process. Mr. Lambert indicated a form would be available for review at the next board meeting.
- e. The Bureau and the Construction Code Commission is going forward with a public hearing for proposed fee increases. The elevator division will not be included in proposed increases at this time.
- f. A statute has passed making veterans that have been given an honorable discharge eligible for fee waivers for examination and licensing with the Plumbing, Mechanical, and Electrical Divisions as well as for Building Officials.

10. DIVISION REPORT

- a. Chief's report - C. Rogler
- b. Accident report review

The board had questions regarding an accident that occurred with elevator serial # 35596. This accident was reviewed and discussed.

11. NEW BUSINESS

A **MOTION** was made by Board member David Kuras and seconded by Board member William Kogelschatz that should an exam applicant pass their exam, the successful exam applicants shall have "passed" placed in parentheses after their name in the elevator board meeting minutes. **MOTION CARRIED**

12. PUBLIC COMMENT

A discussion regarding permits and fees took place.

13. NEXT MEETING DATE

March 22, 2013

14. ADJOURNMENT

A **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to adjourn the meeting at approximately 11:38 a.m. **MOTION CARRIED**

APPROVED: _____

Chair, Elevator Safety Board

Date

DRAFT

Application for Elevator Journeyman License Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

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OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED	DATE <u>3-5-13</u>
<input type="checkbox"/> REJECTED	INITIALS <u>AMB</u>

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1976 PA 233 Completion: Mandatory As Required By Section 6 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Applicants must have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
- Provide 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

No

☒ Yes

Trans Info: 180 18421333-1 02/25/13
CHECK: Amt: \$100.00
ID: ADAPTIVE ENVIRONMENTS INC

APPLICANT INFORMATION

CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C - Device Type		
NAME Charles Brent Bennett	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS	TELEPHONE NUMBER (include Area Code)	
CITY	STATE	ZIP CODE

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12							
DID YOU GRADUATE? <input type="checkbox"/> Yes, Year _____ <input checked="" type="checkbox"/> No		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
NAME AND ADDRESS OF HIGH SCHOOL East Detroit High School 15501 Couzens East Pointe MI 48021							
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____		BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No Major _____ Minor _____	CREDITS EARNED <table border="1"><tr><th>UNDERGRADUATE</th><th>GRADUATE</th></tr><tr><td>Term _____ Semester _____</td><td>Term _____ Semester _____</td></tr></table>	UNDERGRADUATE	GRADUATE	Term _____ Semester _____	Term _____ Semester _____
UNDERGRADUATE	GRADUATE						
Term _____ Semester _____	Term _____ Semester _____						
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____		GRADUATE DEGREE Date _____	MAJOR PROFESSIONAL CERTIFICATION OR LICENSE				
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name _____ Location _____		COURSE TITLE	DATE ATTENDED (Mo-Yr) to (Mo-Yr) TYPE OF CERTIFICATE OR LICENSE AWARDED				

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of service and type of work performed, i.e. installation, alteration, maintenance, repair, servicing, inspecting or adjusting of elevator equipment.

NAME Michael Michaels			NAME Frederick Morley		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME Mark Bosley			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE


EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Adaptive Environments, Inc			DATES EMPLOYED (Month / Day / Year) FROM: TO: 3-30-2009 - Present		
ADDRESS 43600 Utica Rd	CITY Sterling Heights	STATE MI			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Technician			YOUR SUPERVISOR'S NAME AND TITLE Mark Bosley		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Service & Install residential and commercial stairlifts, vertical platform lifts, inclined platform lifts and residential elevators					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared, traction, roped hydraulic, Acme lead screw					
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:		
ADDRESS	CITY	STATE			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)					

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT 	DATE 2-22-13



October 25, 2012

Michigan Bureau of Construction Codes
Elevator Safety Division
Re: Charles Bennett Journeyperson Application

Dear Elevator Safety Division:

I am writing in support of the application to sit for the Class C Elevator Journeyperson's examination by Charles Bennett.

Mr. Bennett has been working with me at Adaptive Environments Inc. full time since March 30, 2009.

Charles has worked extensively on stairway lifts, platform lifts and residential elevators. He also has working knowledge of Code pertaining to these devices. He is careful and conscientious technician whose workmanship is consistently high caliber.

I believe Mr. Bennett should be allowed to sit for the Class C Elevator Journeyperson's examination and that he would be an asset to the trade as a Licensed Elevator Journeyperson.

Yours Truly,

A handwritten signature in black ink, appearing to read 'Michael Michaels', with a stylized flourish at the end.

7701676

Michael Michaels, Journeyman



43600 Utica Road • Sterling Heights, MI 48314

586-739-9300 • www.adaptive-environments.com • 586-739-6220 (FAX)



October 25, 2012

Michigan Bureau of Construction Codes
Elevator Safety Division
Re: Charles Bennett Journeyperson Application

Dear Mr. Rogler:

Charles Bennett has been working full time for me since March 30, 2009.

I am writing in support of the application to sit for the Class C Journeyperson's examination.

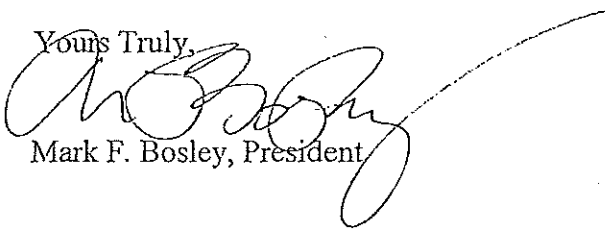
Mr. Bennett's work has involved the installation, maintenance and repair of stair chair lifts, vertical and inclined platform lifts and residential elevators. He has worked in all facets with rack and pinion, screw, winding drum and roped hydraulic machines.

Mr. Bennett is a very competent worker and a very reliable technician.

I feel he would be an asset to our trade as a Licensed Elevator Journeyperson.

If you should have any questions, please let me know.

Yours Truly,


Mark F. Bosley, President



43600 Ullica Road • Sterling Heights, MI 48314

586-739-9300 • www.adaptive-environments.com • 586-739-6220 (FAX)

Application for Elevator Contractor License Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

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OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	3.5.13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journey person in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☒ No ☐ Yes

Form Info: 183 18421325-1 02/05/13
Date: 03/05/13
Fee: \$100.00
Ref: 18421325-1

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME MICHAEL DIMAMBRO		SOCIAL SECURITY NUMBER*
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE

COMPANY REPRESENTING

COMPANY NAME DTE ENERGY		
ADDRESS 1 ENERGY PLAZA		BUSINESS TELEPHONE NUMBER (Include Area Code) 313-389-7712
CITY DETROIT	STATE MI	ZIP CODE 48226

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journey person or equivalent.

NAME MICHAEL CROWK			NAME BRIAN MATSON		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME DOUG PRIEHS			NAME JOHN MASTRANTONIO		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

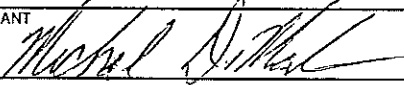
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER DTE ENERGY			DATES EMPLOYED (Month / Day / Year) FROM: 7/26/04 TO: PRESENT	
ADDRESS ENERGY PLAZA		CITY DETROIT	STATE MI.	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) JOURNEYMAN CRANE & ELEVATOR REGIONAL REP		YOUR SUPERVISOR'S NAME AND TITLE MICHAEL G. CRINK GENERAL SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE, REPAIR.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION, HYDRAULIC, ESCALATORS				
NAME OF PREVIOUS EMPLOYER KONE INC.			DATES EMPLOYED (Month / Day / Year) FROM: 3/24/03 TO: 7/15/04	
ADDRESS 11864 BELDEN CT.		CITY LIVONIA	STATE MI.	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) ELEVATOR JOURNEYMAN		YOUR SUPERVISOR'S NAME AND TITLE ROB SOVIS SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE REPAIR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION, HYDRAULIC, ESCALATORS				
NAME OF PREVIOUS EMPLOYER AMTECH ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: 3/18/96 TO: 1/20/03	
ADDRESS 99 W. WILLIS ST.		CITY DETROIT	STATE MI.	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) APPRENTICE AND JOURNEYMAN		YOUR SUPERVISOR'S NAME AND TITLE ERIC PIERSON SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE, REPAIR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION, HYDRAULIC, STAGE LIFTS, ESCALATORS				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 2/21/13

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

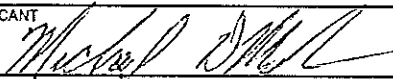
NAME OF PRESENT OR LAST EMPLOYER DOVER ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: 3/15/94 TO: 3/4/96	
ADDRESS 13321 CLOVERDALE	CITY OAK PARK	STATE MI.		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE ROY GOODELL CONST. SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW ELEVATOR CONSTRUCTION				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION, HYDRAULIC				
NAME OF PREVIOUS EMPLOYER AMTECH ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: 6/26/89 TO: 1/23/90	
ADDRESS 99 W. WILLIS ST.	CITY DETROIT	STATE MI.		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE JERRY VERZI SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE REPAIR, MOD				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION, HYDRAULIC, ESCALATORS				
NAME OF PREVIOUS EMPLOYER LETTERMAN ELEVATOR CO.			DATES EMPLOYED (Month / Day / Year) FROM: 6/1/89 TO: 6/19/89	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) SERVICE				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.

I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.

SIGNATURE OF APPLICANT 	DATE 2/21/13
---------------------------------------------------------------------------------------------------------------	------------------------

DTE Energy Company
One Energy Plaza, Suite 230, Detroit, MI 48226-1279

DTE Energy



February 21, 2013

Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, Michigan 48909

Dear Gentlemen,

I would like to refer Michael P. Di Mambro the opportunity to sit for the State of Michigan Elevator Contractor Exam. I have known Michael P. Di Mambro for the last 6 years at DTE and have worked directly with him for the last two years. I can personally attest to Mike's work skills and work ethics as a DTE Elevator Mechanic.

A handwritten signature in black ink, reading "Brian K. Matson". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Brian K. Matson
DTE Energy
Elevator Regional Rep.
Journeyman License # 2200703

City of Detroit License #'s:
Journeyman LIC2006-00759

DTE Energy Company
One Energy Plaza, Detroit, MI 48226-1279

DTE Energy



February 19, 2013

Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of Michael Di Mambro at DTE Energy. Mike's Class A State of Michigan Elevator Journeyman license number is # 2200560. Mike has worked as a State of Michigan Elevator Journeyperson at DTE Energy since July 26, 2004. Mike is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

A handwritten signature in dark ink, appearing to read 'Michael G. Cronk'. The signature is fluid and cursive, with a long, sweeping horizontal line extending from the end of the name.

Michael G. Cronk
General Supervisor
17150 Allen Road
Room 165
Melvindale, MI 48150
(313) 389.7712

Application for Elevator Contractor License Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

183

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	3-5-13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1987 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyman in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

☐ No

☒ Yes

Trans Info: 183 18421322-1 02/25/13
DATE: APR 10 2013
BY: BRIAN MATSON

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME		SOCIAL SECURITY NUMBER*
Brian Matson		
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE

COMPANY REPRESENTING

COMPANY NAME		
DTE Energy		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
1 Energy Plaza		
CITY	STATE	ZIP CODE
Detroit	MI	48226

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journeyman or equivalent.

NAME			NAME		
Ken Bazner			Mike Crook		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
		3			
NAME			NAME		
Mike Di Mambro			John Mastantonio		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER DTE Energy			DATES EMPLOYED (Month / Day / Year) FROM: Feb 09 TO: Present	
ADDRESS 1 Energy Plaza	CITY Detroit	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyman Crane & Elevator Regional Rep		YOUR SUPERVISOR'S NAME AND TITLE Mike Cronk		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance, Service, Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared-gearless) Escalators Hydraulic (direct)				
NAME OF PREVIOUS EMPLOYER OTIS Elevator			DATES EMPLOYED (Month / Day / Year) FROM: Feb 00 TO: Feb 09	
ADDRESS Framington Hills	CITY MI	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyman Elevator Constructor		YOUR SUPERVISOR'S NAME AND TITLE Joe Steger		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance Service Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared-gearless) Sidewalk Escalators Hydraulic (direct-roped) Escalators Stage Lift Moving Walks Tram				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT Brian	DATE 2/22/13

DTE Energy Company
One Energy Plaza, Suite 230, Detroit, MI 48226-1279

DTE Energy



February 21, 2013

Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, Michigan 48909

Dear Gentlemen,

I would like to refer Brian K. Matson the opportunity to sit for the State of Michigan Elevator Contractor Exam. I have known Brian K. Matson for the last 6 years at DTE and have worked directly with him for the last two years. I can personally attest to Brian's work skills and work ethics as a DTE Elevator Mechanic.

A handwritten signature in black ink, appearing to read "Michael P. Di Mambro". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael P. Di Mambro
DTE Energy
Elevator Regional Rep.
Journeyman License # 2200560

City of Detroit License #'s:
Journeyman LIC2001-06158

DTE Energy Company
One Energy Plaza, Detroit, MI 48226-1279

DTE Energy



February 19, 2013

Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of Brian K. Matson at DTE Energy. Brian's Class A State of Michigan Elevator Journeyman license number is # 2200703 . Brian has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2009. Brian is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

A handwritten signature in dark ink, appearing to read "Michael G. Cronk". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael G. Cronk
General Supervisor
17150 Allen Road
Room 165
Melvindale, MI 48150
(313) 389.7712

Application for Elevator Certificate of Competency Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255
Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

183

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	2-13-13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

☒ No

Yes

Tran Info: 183 16343463-1 02/05/13
 DATE: 02/05/13
 ID: DANIEL K BUTCHER

APPLICANT INFORMATION

TYPE			
<input checked="" type="checkbox"/> General	Special	<i>COMPETENCY</i>	
NAME		SOCIAL SECURITY NUMBER*	
<i>DANIEL K. BUTCHER</i>			
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	
Do you currently hold an elevator contractor license? <input type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____			
Do you currently hold an elevator journeyperson license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <i>2200E32</i>			

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12
DID YOU GRADUATE?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year <i>1980</i> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
<i>CORUNNA MI</i>	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	
<i>I.U.E.C. APPRENTICESHIP</i>	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>THYSSEN KRUPP ELEVATOR</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>11-15-85</i> TO: <i>PRESENT</i>	
ADDRESS <i>35432 INDUSTRIAL</i>	CITY <i>LIVONIA</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>JOURNEY PERSON / ADJUSTER</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>JEREMY AKERS</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>CONSTRUCTION - REPAIR - ADJUSTING</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION - HYDRO DIRECT - ROPED ESCALATORS</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM: TO:	
CITY			STATE	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM: TO:	
CITY			STATE	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>Daniel K. Butcher</i>	DATE <i>2-5-2013</i>

ThyssenKrupp Elevator



December 17, 2012

State of Michigan
Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909

Re: Daniel Butcher

To Whom It May Concern:

This letter is to certify that Daniel Butcher is working for ThyssenKrupp Elevator Company, 35432 Industrial Road, Livonia, MI 48150, as an Elevator Mechanic. He has worked on new installation, repair and maintenance of Traction and Hydraulic Elevators.

He started working in the Elevator Industry on November 15, 1985.

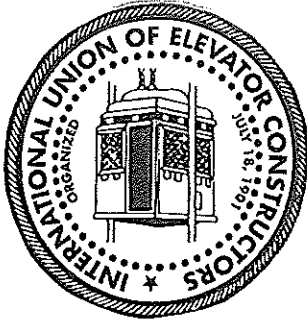
It is his desire to further qualify himself by examination to receive a certificate of competency on his own abilities.

Sincerely,

Brenda Mullett
Office Manager

Cc: Employee File

ThyssenKrupp



WILLIAM J. KOGELSCHATZ
BUSINESS MANAGER

**INTERNATIONAL UNION OF
ELEVATOR CONSTRUCTORS**

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

October 10, 2012

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254
Lansing, MI 48909

ATTN: Cal Rogler, Chief Elevator Inspector

This is to inform you that Daniel K. Butcher is well qualified to take the Certificate of Competency Test. Mr. Butcher has been in the elevator trade continually since November 15, 1985 and has continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Butcher is very knowledgeable and a highly respected individual. He gets along well with others and is spoken very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely,

William J. Kogelschatz

WJK/tlv

Application for Elevator Certificate of Competency Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255
Lansing, MI 48909
517-241-9337
www.mlchigan.gov/bcc

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OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	2.26.13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☒ No ☐ Yes

Then info: 180 184.0575-1 02/26/13
CHK: Amt: \$50.00
ID: DENNIS D BUTCHER

APPLICANT INFORMATION

TYPE			
<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special	
NAME		SOCIAL SECURITY NUMBER*	
Dennis D Butcher			
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____			
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <u>2200552</u>			

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year <u>1978</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
Morrice High School 691 Purdy lane Morrice mi. 48857	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

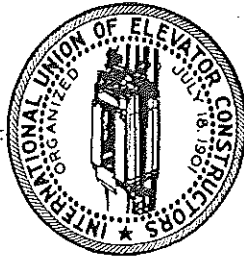
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Schindler Elevator Co			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 895 Blue Gentian Rd			CITY Eagan	STATE Mn.
			FROM: 5-29-12	TO: 12-21-12
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Asst. mechanic			YOUR SUPERVISOR'S NAME AND TITLE Jeremy Phillips field superintendent	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) service / repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) traction (geared-gearless), hydraulic, escalators				
NAME OF PREVIOUS EMPLOYER Kone Elevators			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 11864 Belden ct.			CITY Livonia	STATE Mi.
			FROM: 6/1995	TO: 9/2000
			9/2007	8/2011
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyman, foreman			YOUR SUPERVISOR'S NAME AND TITLE Mike Sovis field supervisor	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) new construction, mod construction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) traction- (geared-gearless), Hydraulic				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 35432 Industrial Rd			CITY Livonia	STATE Mi.
			FROM: 9/2000	TO: 9/2007
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyman			YOUR SUPERVISOR'S NAME AND TITLE Rod Kearns	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) new elevator construction, mod				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) traction-(geared-gearless), Hydraulic				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT Donnis D Butcher	DATE 02-22-13



LOCAL UNION NUMBER THIRTY-SIX OF THE
International Union of Elevator Constructors

Phone 961-0717

P.O. Box 32451 1640 Porter Street Detroit, Michigan 48216

February 6, 2013

Michigan Department of Labor
& Economic Growth
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, Mi 48909

To Whom It May Concern:

This letter is to attest to the start date in the Elevator Industry of Dennis D. Butcher as being June 7, 1995.

Please be further advised that he has experience in the construction, installation, maintenance and servicing of elevator equipment. I recommend that he be allowed to sit for the Certificate of Competency Exam.

Hoping this information is both useful and complete, I am:

Sincerely,

David Kuras
Business Manager / Financial Secretary

ThyssenKrupp Elevator



ThyssenKrupp

March 9, 2012

ThyssenKrupp Elevator

35432 Industrial Road

Livonia, MI 49512

Re: Dennis Butcher

To whom it may concern,

This letter is to confirm that Dennis Butcher worked as an IUEC mechanic for ThyssenKrupp Elevator during the period 2000 and 2007.

During his tenure with TKE, Dennis worked in all aspects of the business including new installation, modernization, service and maintenance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rod Kearns'.

Rod Kearns, Construction Manager

ThyssenKrupp Elevator

Application for Elevator Certificate of Competency Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255
Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

183

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	2-27-13
<input type="checkbox"/> REJECTED	INITIALS LMB
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

☒ No

☐ Yes

Tran Info: 183 19414313-1 02/22/13

CHK#: Amt: \$50.00

ID: DANIEL J. JEURINK

APPLICANT INFORMATION

TYPE			
<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special	
NAME		SOCIAL SECURITY NUMBER*	
Daniel Jeurink			
ADDRESS		TELEPHONE NUMBER (include Area Code)	
CITY	STATE	ZIP CODE	
	Michigan	49333	
Do you currently hold an elevator contractor license?			
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Class		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
License No.			
Do you currently hold an elevator journeyperson license?			
<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes	
Class		<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
License No.		2201683	

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year 2004	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
Thornapple Kellogg High School	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	
IUEC apprenticeship 4 year Program	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

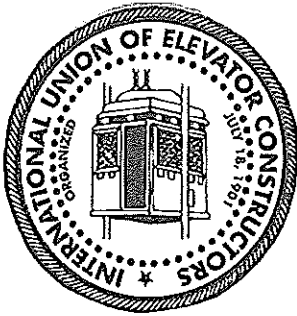
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER ThyssenKrupp			DATES EMPLOYED (Month / Day / Year) FROM: 4-13-12 TO: 11-2012	
ADDRESS 35432 Industrial Rd.	CITY Livonia	STATE MI.		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Assistant Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Jeremy Akers Construction Manager		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Elevator Construction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulic direct Traction gearless				
NAME OF PREVIOUS EMPLOYER Kone			DATES EMPLOYED (Month / Day / Year) FROM: 5-2011 TO: 8-2011	
ADDRESS 5300 Clay Ave SW	CITY Grand Rapids	STATE MI.		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Scott May Maintenance Supervisor		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Repair Service Mod.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction gearless Hydraulic direct				
NAME OF PREVIOUS EMPLOYER Otis			DATES EMPLOYED (Month / Day / Year) FROM: 5-8-06 TO: 1-2011	
ADDRESS 3765 Broadmoor Ave SE	CITY Kentwood	STATE MI.		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice Assistant Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Paul Payne Construction Supervisor		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Construction Mod.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulic direct-roped Traction gearless				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT Dan Jensen	DATE 2-20-2013



WILLIAM J. KOGELSCHATZ
BUSINESS MANAGER

INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

February 21, 2013

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254
Lansing, MI 48909

ATTN: Cal Rogler, Chief Elevator Inspector

This is to inform you that Daniel J. Jeurink is well qualified to take the Certificate of Competency Test. Mr. Jeurink has been in the elevator trade continually since May 8, 2006 and has continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Jeurink is very knowledgeable and a highly respected individual. He gets along well with others and is spoken very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely,

William J. Kogelschatz

William J. Kogelschatz

WJK/tlv

Application for Elevator Certificate of Competency Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes

183

Elevator Safety Division
P.O. Box 30255
Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	3.5.13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☒ No ☐ Yes

Trans Info: 183 19421323-1 02/25/13
CARE: Art: \$50.00
ID: DENNIS KEELEY

APPLICANT INFORMATION

TYPE			
<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special	
NAME		SOCIAL SECURITY NUMBER*	
Dennis Keeley			
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____			
Do you currently hold an elevator journeyperson license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. 2200154			

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year 1976 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
Dumont High School	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER B & D Elevator Services Inc.			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 1820 N Hickory		CITY OWASSO	STATE MI	FROM: 01-25-13 TO: 01-25-13
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyperson			YOUR SUPERVISOR'S NAME AND TITLE Paul VanFlotten OWNER	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) UNload truck				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Lev unit				
NAME OF PREVIOUS EMPLOYER Lardner Elevator Co			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 729 Melbrom St		CITY Detroit	STATE MI	FROM: 06-26-12 TO: 08-02-12
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mec-helper			YOUR SUPERVISOR'S NAME AND TITLE Dan Lardner owner	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) mod				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) 3-step Hydro				
NAME OF PREVIOUS EMPLOYER KONE			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 11864 Belden Ct		CITY Livonia	STATE MI	FROM: 02-08-10 TO: 05-23-11
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mechanic			YOUR SUPERVISOR'S NAME AND TITLE Scott Norley Operation Sup.	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance - Service - Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, Hydro, Escalator, stage Lift and Dumbwaiter				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT 	DATE 02-21-13

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>Metro Elevator Co.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>01-25-10</i> TO: <i>02-07-10</i>	
ADDRESS <i>3110 N. Ritter Ave.</i>	CITY <i>Indianapolis</i>	STATE <i>IN</i>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Mechanic</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Doug Smith Foreman</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Remove Personnel Lifts from elevator shafts</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Personnel Lifts</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elevator Co.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>04-16-09</i> TO: <i>06-29-09</i>	
ADDRESS <i>25365 Interchange Ct</i>	CITY <i>Farmington Hills</i>	STATE <i>Mi</i>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Journeyman - Adjuster</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Rich Campbell mod. sup.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Mod., Service, Maintenance and Adjuster</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared - Hydro</i>				
NAME OF PREVIOUS EMPLOYER <i>Thyssen Krupp Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>01-20-09</i> TO: <i>03-22-09</i>	
ADDRESS <i>284 Snow Dr.</i>	CITY <i>Homewood</i>	STATE <i>Alabama</i>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Journeyman</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Sam Chapman construction sup.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>gearless, Hydro, and Roped Hydro</i>				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>D. W. Kelly</i>	DATE <i>02-21-13</i>

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>Thyssen Krupp Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>01-15-90</i> TO: <i>01-29-09</i>	
ADDRESS <i>13321 Cloverdale St</i>	CITY <i>OAK Park</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson, Foreman, and Adjuster</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Rod Kearns construction sup.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New elevator construction, maintenance, service, repair and adjuster</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared, Gearless, Hydro, Roped Hydro, escalators, and Lev.</i>				
NAME OF PREVIOUS EMPLOYER <i>Westinghouse Elevator Co</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>6-15-89</i> TO: <i>12-20-89</i>	
ADDRESS	CITY	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Jim Grant construction sup.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New construction</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hydro</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elev Co</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>3-20-83</i> TO: <i>5-10-89</i>	
ADDRESS	CITY	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Bill Laven maint. sup.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New construction maintenance service repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Hydro Escalators</i>				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>Des Thedy</i>	DATE <i>02-21-13</i>

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

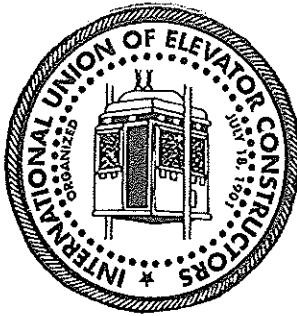
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>Lederman Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO: <i>4-10-82 3-19-83</i>	
ADDRESS	CITY <i>FLINT</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>T.M.</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Frank Sutton Maintenance Supt.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Maintenance Service Repair.</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Hydro Escalator</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO: <i>2-13-78 4-8-82</i>	
ADDRESS	CITY <i>FLINT</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Construction Maintenance Service Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Hydro Escalators</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>Debra Kelly</i>	DATE <i>02-21-13</i>



WILLIAM J. KOGELSCHATZ
BUSINESS MANAGER

**INTERNATIONAL UNION OF
ELEVATOR CONSTRUCTORS**

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

February 18, 2013

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254
Lansing, MI 48909

ATTN: Cal Rogler, Chief Elevator Inspector

This is to inform you that Dennis W. Keeley is well qualified to take the Certificate of Competency Test. Mr. Keeley has been in the elevator trade continually since February 13, 1978 and has continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Keeley is very knowledgeable and a highly respected individual. He gets along well with others and is spoken very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely,

William J. Kogelschatz

William J. Kogelschatz

WJK/tlv



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

STEVE ARWOOD
DIRECTOR

February 27, 2013

TO: Members of the Elevator Safety Board
FROM: C.W. Rogler, Chief, Elevator Safety Division
SUBJECT: Variance Request for Otis Elevator Company

APPLICANT REPRESENTATIVE:

Doug Datema, Otis Elevator Co.
Mike Gnewkowski, Otis Elevator Co.

APPLICANT:

Eyde Company
4660 S. Hagadorn Rd., Suite 660
P.O. Box 4218
East Lansing, MI 48826-4218

AUTHORITY:

MCL 408.808(1)(c) of the Elevator Safety Board Act, 1967 PA 227

VARIANCE REQUEST:

A Request has been made by Otis Elevator Company for a variance to allow the use of an existing pit with a depth of 4 feet, 2 inches. As ASME A17.1-2007 Section 2.15.9.2 (a) requires the platform guard shall not be less than 48 inches of straight vertical face, this variance is for a shorter platform guard.

APPLICABLE CODE SECTION:

ASME A17.1-2007 Section 2.15.9.2.

FINDINGS:

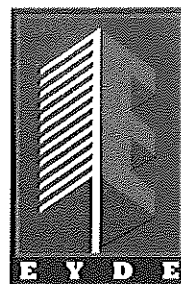
ASME A17.1-2007 Section 2.15.9.2.

RECOMMENDATION: Staff recommends that the variance only be approved if the board believes reasonable safety will be secured.

Providing for Michigan's Safety in the Built Environment

LARA is an equal opportunity employer
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

EYDE COMPANY



4660 S. Hagadorn Rd., Suite 660
P.O. Box 4218
East Lansing, MI 48826-4218
Telephone: (517) 351-2480
FAX: (517) 351-3946

February 25, 2013

Mr. Calvin W. Rogler
Chief Inspector
State of Michigan
Elevator Safety Division
Bureau of Construction Codes
P.O. Box 30254
Lansing, Michigan 48909

**Subject: Knapp's Centre Redevelopment
Freight Elevator Pit Depth Variance**

Dear Mr. Rogler:

The Knapp's Centre is a historic building located in downtown Lansing. The building was originally constructed during the 1930's and is currently undergoing a historic renovation to become a mixed use facility containing retail/restaurant space, office space and multi-family units. As part of the renovation, we will be installing a new 5000# elevator car and service equipment in the existing service elevator hoist way and elevator pit.

We have been advised by Otis Elevator Company and Granger Construction Company that the existing elevator pit is 4'-2" deep and pursuant to A17.1 2007, Section 2.15.9.2 all elevator pits shall be no less than 5'-0" deep.

The existing pit is located adjacent to the west foundation wall at the property line. There is another building immediately adjacent to said foundation wall. This encompassed with concerns pertaining ground water infiltration during pit modification, structural retrofits and unknown subsurface conditions make modifying the existing elevator pit extremely difficult. Extending the existing elevator pit depth would affect the buildings foundation and potentially the structure of the adjacent building.

We hereby request that our variance for the modernization of the service elevator for the aforementioned project be reviewed at the March 22, 2013 Board Meeting.

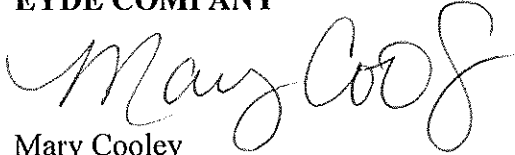
We thank you in advance for your consideration of this variance request. If you have any questions or require any further information, please do not hesitate to call.



Individual Member

Sincerely,

EYDE COMPANY

A handwritten signature in cursive script, reading "Mary Cooley".

Mary Cooley
Construction Superintendent
Office: (517) 351-2480
Fax: (517) 351-3946
Cell: (517) 749-4166
E-mail: mary.cooley@eyde.com

cc: Mark Clouse, Jim Rundell – The Eyde Company
Elisabeth Knibbe, Brad Cambridge - Quinn Evans Architects
Pete Kramer, John Spears – Kramer Management Group
Joe Durfee, Tom Theis, Terry Gordon – Granger Construction
Doug Datema, Mike Gnewkowski – Otis Elevator Company